Neutrals.

1	Mr. K. Achyuta Menon	8	Mr. I. N. Menon
2	,, V. K. Aravindaksha Menon	9	,, P. Nilakanta Menon
3	,, C N. Ittiavi Nambudiri	10	Dr. D. Raghavendra Rao
4	,, U. Kandar Menon	11	Mr. T. A. Ramachandra Ayyar
5	Rao Sahib Mr. T. V. Kasturi Ranga Ayyar	12	,, K. Ramunni Menon
6	Mr. P. S Kesavan Nambudiri	13	Dr. A. R. Menon
7	,, C. J. Mathew	14	Mr. T. S. Sesha Ayyar
		15	,, P. V. Subramania Ayyar

5. Registry Office documents.

Deputy President.—The next resolution stands in the name of Mr. A. Eachra Menon.

Mr. A. Eachara Menon.—"That this Council recommends to the Government that documents and copies of documents be sent by Anchal to their respective owners and applicants by the Registry Office".

The mover being absent the resolution was considered withdrawn.

6. Separation of the Medical and Sanitary Departments.

Dr. K. Sankara Menon.—Sir, the resolution that I bring before the Council for discussion reads thus:—

"This Council recommends to the Government that the Sanitary Department be separated from the Medical Department and that a qualified and competent hand be appointed to preside over the former".

It is a well-accepted principle that prevention is always better than cure. Medicine has got two aspects, the preventive as well as the curative. The preventive medicine is more important than curative medicine is accepted by one and all. The preventive aspect is by misfortune ignored in Cochin; and though there is a Chief Medical and Sanitary Officer, the work of the Sanitary Officer has not been properly attended to, not on account of any negligence but on account of his multifarious duties which he has to attend to. In all countries especially in Travancore, Mysore and British India, the Sanitary Department is under a Sanitary Commissioner or Director of Public Health whose work chiefly confined to health, sanitation, management of communicable diseases and regular systematic propaganda compaign, has produced very satisfactory results.

I may be permitted to read a few lines from the Public Health Code (Madras). "The education of the people in the principles and practice of hygiene has been long recognised as an integral part of all advancement in public health and administration. The inception of organised measures for the spread of knowledge in matters relating to public health really dates from the inauguration of the District Health Scheme in 1923. Since then the education of the Public in health matters has received ever increasing attention. Each district has now its health service through which propaganda on health matters can be carried to the remotest village; and propaganda work of this kind is being done regularly in all villages visited

LIBRARY ARCHIVES Kerala Legislative Assembly

by the health staff. The methods employed include not only formal lectures, lantern demonstrations and lessons in the village schools but also informal and friendly talks with the villagers. In many places, local newspapers have been made the medium for the spread of information on public health and a large number of informatory articles and paragraphs have been published."

Later on the same Code has emphasised the importance of health dramas to engage the attention of the masses, magic lantern lectures, leaflets, pamphlets and posters on health subjects have produced very desirable results. In the course of one year, it is said, "that as many as 40,149 posters referring to 9 different subjects and 5,28,297 leaflets dealing with 24 subjects were distributed. 2,880 new lantern slides were prepared and issued on loan and 4,293 slides were prepared to meet indents made by local bodies. Fourteen magic lanterns owned by the Health Council were in constant circulation on loan and 19 magic lanterns were purchased on behalf of local bodies. The experince gained by the Madras Health Council during these four years has given valuable information as to the kind of propaganda materials, posters, leaflets, etc, which are most appeciated by the people".

Public Health Department has done much in the prevention of Malaria. It has conducted a general campaign against hookworm by carrying on an intensive propaganda for the prevention of the spread of this parasite. So it is clear that the educative work is at least as important as or more important than the curative side. My point is that we have also to do something in Cochin. Here it will be seen that Cochin is noted for the Cochin legs ofphilarial origin. Hook-worm trouble is raging. It is very rampant in rural areas. The Travancore Durbar has appointed doctors to carry on a general campaign against hookworms. They are distributing medicines free to the masses even in the remotest corners of Travancore. Here nothing as far as I know has been done. If a properly constituted department is established, the Head of the Department and assistants can tour about and deliver lectures with the aid of lantern slides so that the masses may be educated thereby. They can thus avoid all sorts of contagion or contamination. Many of the communicable diseases can be prevented by such means. Leaflets, pamphlets, lectures, lantern slides, cinema films are the various ways of imparting knowledge to effectively check the various diseases which are prevalent in the various parts of the State. I need not dilate about the usefulness of the Department. And perhaps you may now be under the impression that large sums will have to be invested upon it. Any how we shall make a small beginning. Now, we have got Sanitary Inspectors and qualified medical men to carry on the work of inspection of school-goingpopulation. All these various agencies can be brought under a suitable and competent head to make a good beginning. The medical inspection of schools and colleges come under

LIBRARY ARCHIVES Kerala Legislative Assembly

Sanitation and Public Health. The education of the masses and the prevention of communicable diseases, etc., come under the Sanitary Department. So Health Councils in different centres can also be formed to co-operate with the Sanitary Department. Help can be had from such bodies as the Municipalities, Panchayats and the Education Department and with their co-operation and aid much can be done to make the masses understand the necessity of personal hygiene, etc. The importance of the organisation of such a department is so great and obvious that the money spent in that direction will certainly ensure public health and general prosperity. With these few words I move this resolution for the kind consideration and acceptance of this House.

Mr. A. Sankara Poduval.—May I know from the Hon'ble Member what the minimum expenditure will be if it is started?

Dr. K. Sankara Menon.—Roughly it will be about, say, 12 thousand rupees a year in addition to the amount already spent by the Chief Medical and Sanitary Officer for sanitary purposes. There should be a Sanitary Commissioner or Director of Public Health, and the present Sanitary Inspectors and others can be added on to the department.

Mr. C. A. Ouseph.—I support the motion whatever be the expenditure, and in spite of the insinuation contained in the second part of the resolution, that a qualified and competent officer may be appointed. Now our Medical Department is under an efficient hand, Dr. Rao. But as the department is now constituted he has too much work to attend to. He has to be in charge of the General Hospital here. He has to visit all the hospitals and dispensaries in the State. He has to supervise the work of the Sanitary Inspectors. He has to inspect wells, tanks, markets, etc., here, there and every corner of the State. Now in such a thickly populated State like Cochin, it is impossible for one Departmental Head to discharge all the duties that have now been entrusted to Dr. Rao, the present Chief Medical and Sanitary Officer, whatever be the qualification of that Head. So that, Sir, the necessity for a separate department is evident. It needs no argument. The only question is one of finance. Of course, the Head of the Department to begin with need not be paid much. In any case, it will not cost Government over 12,000 rupees to start with. But the return is very much and very valuable. Though it is not for me to make suggestions regarding buildings and other things, I may suggest in passing the advisability of utilising the buildings at Anappara for locating this department.

Deputy President.—You are going out of the resolution.

LIBRARY ARCHIVES Kerala Legislative Assembly

Mr. C. A. Ouseph.—With due respect to the Chair, I am pointing out a way by which the cost may be cut down. Now along with this I may say there are certain other things that we stand in need of. We have no bacteriological institute. The cry is very large for a tuberculosis institute. So that we may save a very large expenditure if we utilise the buildings there.

മിസ്റ്റർ എം. കൃഷ്ണമേനോൻ.—ഞാനും ഈ പ്രമേയത്തെ പിന്താങ്ങുന്നു; ഇപ്പോഴെല്ലാം ഗവർമ്മേണ്ടു ഗസറ്റു നോക്കിയാൽ Chief Medical Officer ഉടെ ഒപ്പിന്റെ മീതെ സാധാരണ കാണുന്നത ചന്ത ലേലം മുതലായവക്കുള്ള ചില നൊട്ടീസ്സുകൾ മാത്രമാണ". അത്യാവശ്യമായി Chief Medical Officer റെ അന്വേഷിക്കുമ്പോൾ കരുപ്പടന്ന ചന്ത ലേലത്തിനൊ മറ്റൊ പോയിരിക്കുകയാണെന്ന വന്നാൽ രോഗിയുടെ സങ്കടത്തിനു വല്ല സമാധാനമൊ കുറവൊ ഉണ്ടാകുമൊ? ഈ പ്രമേയത്തിൽ പറയുന്ന സമ്പ്രദായം എല്ലാ രാജ്യത്തുമുണ്ടു". അതു് ഇവിടെയും വേണമെന്നു തന്നെയാണു് തോന്നുന്നതു്. അതു കൊണ്ടു് തൊഴിലില്ലാത്തവർക്ക് ഒരു തൊഴിലിനുള്ള വഴി കൂടി ഉണ്ടായിത്തീരുന്നതുമാണു. എന്നുകൊണ്ടുനോക്കിയാലും Sanitary Department നെ തിരിച്ചു വേറെതന്നെയാക്കണമെന്നാണു് എന്റെ അഭിപ്രായം.

Dr. A. R. Menon.—Have we got the power to continue the debate after the turn of the Chief Medical and Sanitary Officer?

Deputy President.—Yes. He will be given a second voice.

Dr. D. Raghavendra Rao.—Sir, the resolution brought before the Council is accepted on principle by the Government. The idea certainly is a very laudable one and it is true that if the Sanitary Department is separated from the Medical Department there will be greater scope for developing the department and for developing it on modern lines, too. It is certainly not possible for one Head of the Department to pay the same attention to both the works as a separate officer can, when he is put in charge of the Sanitary Department. But there is the practical politics, finance. I took a rough estimate of what it would cost the State to have a Sanitary Department. It is not enough, as some Members think, to have a Head of the Department and give him the job. To have a department which will function properly, which will be of some use to the public, and which will bring the money's worth, it is necessary to staff the department properly so that it will turn out some useful work for the tax-payer. The establishment is not complete if one Chief Sanitary Officer alone is appointed. We shall have to give assistants to him to work in different localities. The four present Sanitary Inspectors will not be enough. The area will have to be divided into 6 Divisions—each Division will have to be given a Sanitary Officer over and above the Inspectors for the Towns of Irinjalakkuda, Trippunittura, Cranganur, Kunnamkulam, Vadak-

LIBRARY ARCHIVES Kerala Legislative Assembly

kancheri and Nemmara. Each of these are really urban areas though not Municipalities. The Health Department of the Municipalities cannot be interfered with by the Rural Sanitary Health Department. Certainly the Municipalities are independant bodies having their own Health Departments and it is not possible for this Health Department to go and work where Municipalities are carrying on their work. At present the Municipalities themselves are finding it very difficult to find qualified health officers, so that their Sanitary Department may be carried on efficiently. The whole trouble for the State is the difficulty of finding finances, for doing anything. The mover of the resolution brought in an idea of health lectures. For the information of this House, I may say that this department, though meagrely staffed as it is, is doing its level best to carry on this propaganda, and we have purchased during last year 1100 slides, and health lectures are being given weekly by officers in charge of the Dispensaries and Hospitals and also by the Sanitary Inspectors of the State in rural areas.

Dr. A. R. Menon.—Where are the lectures going on ?

Dr. D. Raghavendra Rao.—I will give you a list.

LIST OF MAGIC LANTERN SHOWS.

Date.	*Place.*	*Subject.*
14/11/06	Manavalasseri	Small-pox and consumption.
17/11/06	Edathirinji	Small-pox and Malaria.
24/11/06	Velukkara	do
30/11/06	Vadakkethra	Hookworm, Cholera and General Sanitation.
6/12/06	Chelakkara	Hookworm and Cholera.
10/12/06	Kunnamkulam	Childwelfare and Cholera.
15/12/06	Manavalasseri	Small-pox and Malaria.
17/12/06	Kunnamkulam	Midwifery and Hookworm.
22/12/06	Karuvannur	Small-pox and Malaria.
First week of Chingam 1107—Two shows in Chittur Taluk.		
28/ 1/07	Ernakulam	Childwelfare and Hookworm.
30/ 1/07	Thevara, Ernakulam	do
31/ 1/07	Ottupara	Cholera.
10/ 2/07	Lankeswaram, Chittur	Flies.
25/ 2/07	Chittur	General Sanitation.
26/ 2/07	Kizhuthani	Small-pox and Malaria
27/ 2/07	Kodagara	do
29/ 2/07	Ernakulam	Cholera and Small-pox.
30/ 2/07	Kallettumkara	Small-pox and Malaria.
Do	Ernakulam, Thevara	Cholera, Small-pox, Malaria fever and its sources, Tuberculosis.
6/ 3/07	Karupadanna	Small-pox and Malaria.
9/ 3/07	Vellangallur	do
12/ 3/07	Vadama	do
18/ 3/07	Chowannur	Malaria and Cholera.

LIBRARY ARCHIVES Kerala Legislative Assembly

19/ 3/07	Kunnamkulam	Childwelfare and Malaria.
24/ 3/07	Cranganur	Tuberculosis.
24/ 3/07	Chalakkudy	Small-pox and Malaria.
25/ 3/07	Cranganur	Tuberculosis.
26/ 3/07	Pudukkad	Small-pox and Malaria.
27/ 3/07	Pazhuvil	Malaria and Cholera.
28/ 3/07	Chittur	Malaria.
29/ 3/07	Chittur	Cholera.

We do all that is possible with the means at the disposal of the State.

Then mention was made of the hook-worm campaign in Travancore. I went to Travancore and made a critical study of what is being done there. During the last few years the Travancore Government, following the advice of Dr. Jacocks of the Rockfeller Institute, are doing propaganda work. A health unit is formed in the Niyyattumkara Taluk.

On a modest estimate it works out to Rs. 1,20,000 and not Rs. 12,000 as mentioned here to maintain a separate department. The necessary details I may mention. There is the Chief Sanitary Officer who is to be in charge of the Department.

Rough estimate for the probable cost of establishing a separate Sanitary Department.

Name	Pay	Average per annum
Chief Sanitary Officer	1 (300—500)	5,400
Assistant Sanitary Officers	6 (100—150)	9,900
Sanitary Inspectors	12 (40—60)	7,920 (for rural areas)
Sanitary Inspectors	6 (30—50)	3,240 (for the towns of Trippunittura, Irinjalakkuda, Cranganur, Kunnamkulam, Vadakkancherry and Nemmara).
Vaccinators	24 (25—40)	10,440
Bill Collectors	6 (15—20)	1,350
Gang Maistries	18 (15)	3,240
Gang Coolies	180 (12)	25,920
Sweepers (Toties)	72 (14)	12,096

LIBRARY ARCHIVES Kerala Legislative Assembly

Name	Pay	Average per annum
Peons	10 (12)	1,440
Lighting charges		15,000
Travelling Allowance		5,000
Cost of lymph		10,000
Contingency		5,000
Rubbish carts, trolleys, furniture, etc,		4,054
Total		Rs. 1,20,000

Then a word about bacteriological laboratory which my friend here said. A bacteriological laboratory will be established in the State ere long. Estimate and plans are prepared and the work will be taken up in a couple of months.

Mention is made about Tuberculosis Hospital being managed by the Health Department. I am sorry this mention is made on account of want of proper knowledge about it. Tuberculosis Hospital cannot come under the Sanitary Department.

So, it is not a case where the Government is against the idea of separation of the department. It is just because the present finances of the Government will not permit it to start a department which will be useful to the public.

Dr. A. R. Menon.—Sir, I do not think that there has ever been a resolution brought before this House which has brought so much usefulness to the people of this State as the one brought by the Hon'ble Member this afternoon. I was not at all surprised and that is the reason why I kept quiet instead of seconding. The attitude of the Government will be—and I know a little of the psychological factor that runs over them and what they consider in reality or in imagination that it would affect them—that their supposed dignity or their supposed interest will always influence to a very great extent in the advice that they tender as the Heads of Departments. You, the Treasury Benches, are the Government Benches constituting a kind of Cabinet and I have been trying to impress upon the Members there that in tendering their advice to the Head of the Government, private considerations, personal regard and personal idea of greatness and dignity, should not stand in the way. I have never heard and I could not have believed that a medical man

LIBRARY ARCHIVES Kerala Legislative Assembly

will get up and oppose a measure of this kind, except in this State. It is surprising—it is depressing—that people have been in a measure like this, opposed by the Government who simply say, "we accept it on principle". What is the use of your accepting it on principle, unless you translate the principle into action? And financial considerations did not operate upon the Government in unnecessarily increasing the pay of the Head of the Department. It did not operate upon the Government in setting aside the conjoint efforts of 14 Members of this Council for a duration of 2 years. Then there was no consideration of finance. Moneys were doled out freely and easily as though it falls from the sky. But when a question that affects the interests of the rich and the poor, especially the poor, comes up the question of finance is trotted out. Does the Government raise financial considerations in all cases? Did the Government come to this House before they increased the pay—the pay that has been reduced after due consideration and with the consent of this Council? Then throw your constitutionalism, your idea of finance in the thin air. I don't want to hear this word "financial considerations".

Sir, there are two Departments of Medicine, what they call the preventive medicine and the curative medicine, and the curative medicine is constituted purely of humbug. We medical men have a trade secret which I will reveal to this House. We somehow or other-manage upon the credulity of the foolish public by talking the Latin names and languages. That is the position. But when you come to the preventive side of medicine, things are different. You can do a lot in the line of preventive medicine, and marshy tracts have been converted into habitable places. Take the very case of Ernakulam. It used to be infected with elephantiasis and where is that now? That is because of the application of the preventive medicine and not the treatment at the General Hospital. The preventive medicine taught you that if the water is improved, that might do some great benefit to you. Similarly malarial disease and hook-worm diseases are combated by human people. The curative medicine does not serve any purpose. Therefore, preventive medicine is much more important than the curative medicine, though a little glory of the Medical and Sanitary Officer is shed by that Department. That is the main consideration, I say that, because you, gentlemen, always do like that. Otherwise your power or patronage shall be affected. That is the consideration first. Therefore the question is not how it would affect A or B, but how it would affect the general public health and any non-official who does not vote for this measure would be really guilty of the breach of

LIBRARY ARCHIVES Kerala Legislative Assembly

confidence reposed in them, because after 10 or 12 years, if this Department is properly managed, you will be surprised to know what effects it will produce. See how it is being done. There are 4 Sanitary Inspectors—they want six. I said in this Council last year, that one Inspector gets into the bus after breakfast, goes to a certain place, takes his meal there, puts his signature in the diary, and never visits any of the places. But I don't want to bring the poor devil's name here. Why don't you supervise the work of the Sanitary Inspectors? Take the case of Municipalities. We can very well say as the Chief Medical and Sanitary Officer says that the sanitation of the Municipality to day is much better than it was. Without looking into the places, without studying the question, he simply reports to the Government that such and such a latrine could not be removed and when the Council unanimously calls upon the Government that it is necessary, the matter is referred to the Chief Medical and Sanitary Officer and he will then report to the Government that facial matter does not do anything to the neighbours. Well the Chief Medical and Sanitary Officer and the Government like it. But we don't like it. So far as Municipalities are concerned, no supervision is possible for want of funds. But in the Trichur Municipality it is possible. The other Municipalities cannot do it. Provided the Government will pay half the amount the Municipalities can shoulder that burden. What more can a Municipality do? Unless the Municipalities do not understand the utility and usefulness of sanitation in the proper way, the results will not be satisfactory. Under the duel authority not only the Government Department is mismanaged but the Municipalities also does not get any benefit. A Health Officer attends you occasionally in the diary of the Sanitary Inspector but he will come and inspect if only he is requested and if he is willing to come. For a department there can only be one head. Here is a person who is under the dual control of the Government and the Municipality and since the Government pays, he generally dances to the tune of the Government. What can the Chairman do? In the Municipal Administration—I speak with some knowledge on the subject—this department cannot do any benefit.

The only other question is about the medical inspection of the schools. I can very well understand that medical inspection can be brought under this department. You certainly require money. Many of these Inspectors can be utilised and you may appoint a few more. I don't think that this Council will resent the appointment of people for useful work.

LIBRARY ARCHIVES Kerala Legislative Assembly

When this House sanctions money simply for the purpose of creating posts which has been going on for a number of years, why should it resent the appointment of useful people? We don't resent and since you say that we have got some responsibility, as you said yesterday, what is the legal right on your part to say that there is no money to be spent? There is the balance hoarded. Take away the money and utilise it for the people, instead of coming here and always in season and out of season saying "no funds". No useful work can be done. Nothing can be done. That sort of talk won't appeal to us.

I honestly believe that this resolution should not only be passed but should be pressed to a division and if the Government does not accept, it must be brought forward till the resolution is carried into effect. I shall be able to prove that matters on which objections were taken have been restored lately by the very person who objected to such things. Such being the case, you should not be guided by the so called technical advice of the Chief Medical and Sanitary Officer. When he comes to that, he is competent to give his advice.

There was a reference to what the Hon'ble Member said "qualified men". Qualified in the Public Health Department, that is what he means. It is a special department which requires qualified persons. The Member for Antikad did not understand the point. What he meant by duly qualified man in charge of the Sanitation Department, in charge of the Public Health Department, is a man who has taken the Public Health Degree or Diploma. Those words did not refer or reflect it. And it was not his intention, when he said the real qualification as suggested by the Member.

For these various reasons, I honestly think that it is our duty to accept the resolution, to give a fair trial, and see that you give all encouragement to this Department, because in course of time you shall be thankful for the vote you have given to this.

Mr. A. Sankara Poduval.—I am happy in seconding this resolution, happy because I had occasion to advert to this necessary measure of reform in my speech during the Budget Session. Although I do not lay any claim to any expert knowledge in this matter, it seems to me, as a practical man, as a lay man, that health and sanitation have been practically neglected. Contageous diseases, contageous fevers, tuberculosis, hookworms and other ailments have been steadily on the increase. Except in the Municipalities where a feeble attempt is being made to improve health and hygiene, the condition of our rural areas in the Cochin State has been steadily growing from bad to worse.

LIBRARY ARCHIVES Kerala Legislative Assembly

And it is our common experience that public health has been seriously in danger. Under these circumstances, the separation of the health and the Sanitation Department, from the Medical Department so that there might be free scope for the activities on the preventive side of medicine, is eminently called for. And the question of lack of funds ought not to stand in the way. The lives of our citizens are certainly more precious than the expenditure of 50 lakhs of rupees. Even if it may cost a lakh or more, I do not think any sensible Government, any Government sensible for the health and welfare of the citizens will grudge this expenditure. I therefore support this motion.

Mr. P. Krishna Menon.—Sir, as the principle of the motion, is practically admitted by the Government, I don't think it necessary to adduce any reasons to justify the acceptance of this resolution by the House. If I have understood the Hon'ble Member for Medicine, the only difficulty that stands in his way, is the difficulty of finding funds for the separation. If the Hon'ble Members will refer to page 67 of the Budget for 1107, we find the total that is budgetted for expenditure under Sanitation and Conservancy, item number 24 is 74,900 rupees. That is indeed no small sum at all. I do not know what the Hon'ble Member for Medicine means when he said that the cost of separation, or rather the institution of a separate department for sanitation, will incur an expenditure of a lakh and twenty thousand; whether it is over and above the 74,900 or whether it is including the 74,900 I do not know. I believe it is not inclusive but as a unit, as a separate unit to be formed. Then the additional expenditure after deducting this will be something less than 45,000. I do not know whether I am correct, in my inference. I believe it must be, because unless some high sounding proposals are made to be carried out, the actual expenditure apart from laboratory accommodation and other things, it cannot come to anything like a lakh and twenty thousand, over and above the 74,900 or practically 75,000 that is provided for in the Budget. Now, if a few thousands say 50 thousands of rupees more cannot be profitably spent on a matter of life and death, I will say, I don't see the necessity for spending 75,000 every year or at least almost every year, if no appreciable benefit is derived by this expenditure of 75,000 rupees. Why I say this is to show that, if we may not be able to spend a lakh and twenty thousand rupees almost at once, some appreciable increase may be made in this amount, which cannot be a very large addition. If then some improvement could be effected in the department with the allotment already at the dis-

LIBRARY ARCHIVES Kerala Legislative Assembly

posal of the department, the only important question that then arises is with reference to the actual separation and placing the department under a different head altogether. That also is perfectly justified by the remark of the Hon'ble Member for Medicine, that it is impossible for one man to look to so many functions with that degree of intensive care and attention which could be bestowed if the department is placed under a separate head altogether. Therefore if according to his admission the necessary amount and care could not be bestowed upon the two departments by one and the same head of the department, would it not be his duty to recommend to the Government that it is time for separation and though an ideal state of the department cannot be achieved without an expenditure of money which is not readily available, something better could be done, if the department is made a separate department and if a few thousands more is spent upon that. Of course, as a lay man, I cannot contradict the statements of the Hon'ble Member for Medicine when he contends that it will cost a lakh and twenty thousand. But for ordinary lay minds it does not seem quite necessary at the very outset to incur this very large expenditure. Of course, have improvements. Instead of 6 Inspectors you may begin with 3. Instead of 12 assistants, you may begin with 6. Therefore, though all on a sudden, we cannot reach the ideal, we can step by step, by gradual increments, bring it to perfection, say within 5 years. Therefore I think these two grounds, namely that it is impossible for one man to look after the two departments sufficiently carefully and also in the light of this admission, the only thing that stands in the way of Government is the financial question, I submit, these considerations may be seriously taken note of by the House and unanimously accepted. I believe that the Government cannot have any objection in launching upon a policy of gradual development of the department, once it is separated and placed under a separate head. With these words, I strongly support this Resolution.

മിസ്റ്റർ കെ. അയ്യപ്പൻ.—ഞാനും ഇതിനെ പിന്താങ്ങുന്നു. Sanitation പ്രത്യേകമായി നടത്തണമെന്നു പറയുന്നതു് അതു ഒരു doctor ഉടെ കയ്യിലിരുന്നാൽ വേണ്ടിടത്തോളം ഭംഗിയായി നടക്കുകയില്ലെന്നുള്ളതുകൊണ്ടാണു്. ഈ ഡിപ്പാർട്ടുമെന്റു് രോഗികളെ കൂറക്കുന്നതിനുള്ള ഒന്നാണു്. ഒരു ഡോക്ടർ തന്നെ ഇപ്പോഴും പറയുകയുണ്ടായി അവർ രോഗികളെ പററിക്കുകയാണു് പതിവെന്നു്. അങ്ങിനെയായാൽ ഈ ഡിപ്പാർട്ടുമെന്റുകൂടി അവരുടെ കൈവശമിരുന്നാൽ ഇതുമൂലം അവർ രോഗികളെ വഞ്ചിപ്പിക്കുവാൻകൂടി ശ്രമിക്കുമായിരിക്കാം. ഒന്നെനിക്കറിയാം. ഒരുവൻ ഒരിക്കൽ ആസ്പത്രിയിൽപോയാൽ പിന്നെ കൂടക്കൂടെ പോകേണ്ടിവരും. അതുകൊണ്ടു് ആരും പോകരുതെന്നല്ല പറയുന്നതു്. ഈ പറയുന്ന ഞാൻതന്നെയും നാളെ Dr. Rao ന്റെ അടുക്കൽ പോയേക്കാം. അതെല്ലാമങ്ങിനെയിരിക്കും.

LIBRARY ARCHIVES Kerala Legislative Assembly

ഈ ഡിപ്പാർട്ട്മെണ്ടിനെ ചേർതിരിക്കുന്ന സംഗതിയിൽ പ്രധാനമായി ശ്രദ്ധിക്കേണ്ടതു അതിന്റെ മേലാവായി ഒരു മൂന്നാം തരക്കാരൻ വരാതെ സൂക്ഷിക്കണമെന്നുള്ളതാണ്. വലിയശമ്പളംകൊടുത്തു് കഴിയുമെങ്കിൽ യോഗ്യനായ ഒരു സായ്പിനെത്തന്നെ കൊണ്ടുവന്നാൽകൊള്ളാം. ഇവിടെ ഇതിനു യോഗ്യതയുള്ള ആളുണ്ടെങ്കിൽ എടുക്കരുതെന്നല്ല ഞാൻ പറയുന്നതു്. വേണമെങ്കിൽ ഇരുകൂട്ടിയും ചെയ്യണമെന്നാണ്. ഇതു ഏറ്റവും അത്യാവശ്യമായ ഒരു resolution ആണ്. ഞാൻ ഇതിനെ ബലമായി പിന്താങ്ങുന്നു.

മിസ്റ്റർ പോപ്പട്ട്ലാൽ ശൊവജ്ഞൻ ലാലൻ.—ഇവിടെ പല പ്രമേയങ്ങളും വന്നിട്ടുണ്ടെങ്കിലും ഇതിനെ പിന്താങ്ങുവാൻ വളരെ ഉത്സാഹം തോന്നുന്നുണ്ടു്. നാം എല്ലാവരും ആവശ്യപ്പെട്ടന്ന ഒന്നാണു് ആരോഗ്യം. എന്നാൽ ആ സ്തുതികളിൽചെന്നു മരുന്നുസേവിച്ചു ആരോഗ്യം സമ്പാദിപ്പാനോ ഡാക്ടറന്മാക്കു പണംകൊടുത്തു മടിയുവാനോ തീരെ അസാധ്യമായിട്ടാണിരിക്കുന്നതു്. രോഗികളുടെ എണ്ണം കുറയണമെങ്കിൽ ഈ ഡിപ്പാർട്ട്മെണ്ടു തുറന്ന ഉത്സാഹത്തിയോടെ പ്രവർത്തിക്കുകതന്നെവേണം. ഏതുകാര്യത്തിന്നും finance അത്യാവശ്യമാണു്. അതുണ്ടാക്കുവാൻ ആരോഗ്യമില്ലാതെ നിവൃത്തിയില്ല. അപ്പോൾ ഈ ആരോഗ്യസംരക്ഷണയ്ക്കുതന്നെ finance ഇല്ല എന്നു പറയുന്നതുവളരെ സങ്കടമാണു്. ഡാക്ടരാണു് finance ഇല്ലെന്നു പറയുന്നതു്. അതു finance ചിലവുചെയ്യുന്ന മെമ്പർ പറഞ്ഞാൽ അതു സങ്കടമില്ലായിരുന്നു. എങ്കിലും ഗവമ്മെണ്ടിൽനിന്നു പണംകൊടുത്താൽ ഇപ്രകാരം ചെയ്യാമെന്നു ഡോക്ടർ പറഞ്ഞതുതന്നെ ഞങ്ങൾക്കു വളരെ സന്തോഷമായി. ഈ സംഗതിനടപ്പിൽ വരാത്തപക്ഷം ക്രമേണ ആരോഗ്യം വഷ്ളിച്ചു ജനസംഖ്യ വളരെ കുറഞ്ഞുപോകുമെന്നതിനു യാതൊരു സംശയവുമില്ല. ഇപ്പോഴുള്ള മുൻസിപ്പൽ ചെയർമാൻമാർ എന്തുചെയ്യുന്നു. കടലാസ്സുകൾ ഒപ്പിടുന്നു, പോകുന്നു. എന്നാൽ tax payers ന്റെ ആവലാതികൾ ഒന്നും കേൾക്കാതെ അവരെ തള്ളിക്കളയുകയാണെങ്കിൽ ആ സാധുക്കൾക്കു പെരുവഴിയൊ പുഴയൊമാത്രമെ ആധാരമുണ്ടാകയുള്ളു.

ഈ സ്റ്റേറിലാണെങ്കിൽ പലതരത്തിലുള്ള ഡിപ്പാർട്ട്മെണ്ടുകളും തുറന്നു് വലിയ ശമ്പളക്കാരെനിർത്തി വലിയശമ്പളം കൊടുത്തുവരുന്നുണ്ടു്. പക്ഷെ ആവശ്യപ്പെട്ടന്നതൊന്നും കിട്ടുന്നില്ലെന്നെയുള്ളു. ഇന്നലെമുതൽ ഇന്നുവരെവലിയ ലക്ഷ കണക്കിനുള്ള ചിലവുകൾ അനുവദിച്ചു കഴിഞ്ഞു, ഇതു ഒരു ചെറിയസംഗതിമാത്രമാണു്. ഇതിനെ പാസ്സാക്കുവാൻ എല്ലാവരും ചേരണമെന്നാണു് എന്റെ അപേക്ഷ. ഭൂമിയിൽ ആരോഗ്യം എല്ലാവർക്കുംവേണ്ടതാണു്. അതുകൊണ്ടു് ഏതുതരത്തിലും ഇതിനുവേണ്ട സംഖ്യ ഗവമ്മെണ്ടിൽനിന്നു എടുക്കേണ്ടതാണു്.

മിസ്റ്റർ കെ. മുഹമ്മദു് സീതി.—ഈ പ്രമേയത്തെ അനുകൂലിച്ചു ഒരു പ്രസംഗം ചെയ്യേണ്ട ആവശ്യമേ ഇല്ല. അത്രയ്ക്കു നിഷ്പ്രയാസമായ ഒന്നാണു് ഇതു. കഴിയുന്നത്ര ആളുകൾ ഇതിനെപ്പറ്റി സംസാരിക്കണം എന്നു കരുതിമാത്രമാണു് ഞാൻ എഴുന്നേറ്റിട്ടുള്ളതു്. പൊതുജനാരോഗ്യം സംരക്ഷിക്കേണ്ടതു് ഏതു ഗവമ്മെണ്ടിന്റേയും മുമതലയാണു്. ഇതു ഗവമ്മെണ്ടിന്റെ അപരിത്യാജ്യമായ ഒരു കർത്തവ്യമാണെന്നു പറയുമ്പോൾ അതിനു് പണമില്ലെന്നു പറയുന്നതു തീരെ ക്ഷമിയ്ക്കുത്തക്കതല്ല. പണമില്ലെന്ന ഒരു തടസ്സം മറെറന്തിനെങ്കിലും പറയാം. പക്ഷെ ഈ വിഷയത്തിൽ അതു ഒരിക്കലും പറഞ്ഞുകൂടാത്തതാണു്. മദ്യവർജ്ജനം പൊതുജനാരോഗ്യ സംരക്ഷണം മുതലായ സംഗതികളെപ്പറ്റി ഗവമ്മെണ്ടിൽ നിന്നുവിശാല മനസ്ഥിതിയോടുകൂടി ചിന്തി

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യ്യണം. പണമില്ലെന്നുള്ള വാദം അത്ര ബലമുള്ളതല്ല. വേണമെങ്കിൽ പണം ഉണ്ടായിക്കൊള്ളും. ശുചീകരണ വിഷയത്തിൽ വൈദ്യഡിപ്പാർട്ടുമെണ്ടു വേണ്ടത്ര പരിശ്രമിക്കുന്നില്ലെന്നു വേണം പറയുവാൻ. രോഗനിവാരണത്തിനു വേണ്ടി പ്രചരണ വേലകൾ നടത്തിയതായി വൈദ്യമെമ്പർ പല സ്ഥലങ്ങളുടേയും പേരുകൾ ഇവിടെ വായിച്ചു. എറണാകുളത്തിന്റെ പേർ ഒഴിച്ചു വായിച്ചപ്പോൾ ഇവിടെ അതു നടന്നിട്ടില്ലെന്നാണ് ഞങ്ങൾ വിചാരിച്ചതു". പിന്നീട് ഇവിടെ പ്രസംഗാദികൾ ഇവിടേയും നടന്നിട്ടുണ്ടെന്നു് വൈദ്യമെമ്പർ വായിക്കുകയുണ്ടായി. ഇതെല്ലാം ആക്കുവേണ്ടിയാണെന്നാണ് ഞാൻ ചോദിക്കുന്നതു". എറണാകുളത്തു് പ്രസംഗം നടന്ന കഥതന്നെ ഞങ്ങളാരും ഇതുവരെ അറിഞ്ഞിട്ടില്ല. ഇങ്ങിനെ പ്രസംഗങ്ങൾ നടത്തുന്നുണ്ടെന്നു പൊതുജനങ്ങൾ അറിയേണ്ടതല്ലേ? എല്ലാവരും തന്നിയെ അറിഞ്ഞുവന്നു് കേൾക്കണമെന്നായിരിക്കണം ഇതു നടത്തുന്നവരുടെ ഉദ്ദേശം. ഇത്തരം പ്രചരണവേലകൾ പട്ടണങ്ങൾ തോറുമോ ഗ്രാമങ്ങൾ തോറുമൊ അല്ല വീടുകൾ തോറുംതന്നെ നടത്തിയാലും ഒരിക്കലും അധികമായിപ്പോകുന്നതല്ല. രോഗങ്ങളുണ്ടായി അവയ്ക്കു ചികത്സിക്കുന്നതിനേക്കാൾ രോഗങ്ങളെത്തന്നെ തടയുന്നതായിരിക്കും അധികംനല്ലതു്. ഈ ആവശ്യത്തിനു് ജനങ്ങളുടെ ഇടയിൽ വേണ്ട മൻകരുതലുകൾ ചെയ്യണമെന്നു പറയുന്നതു നിശ്ചയമായും ഗവമ്മെണ്ടു് അനുസരിക്കേണ്ടതാണു്. എന്നാൽ ഈ വേലയെല്ലാം വേണ്ടപോലെയല്ലാതെ ധനനാശത്തിനു മാത്രമായിചെയ്യുകയാണെങ്കിൽ ഇതിലും വലുതായ വിപത്തു് മറെറാന്നുണ്ടാകുമെന്നു തോന്നുന്നില്ല. ഈ പുതിയ ഡിപ്പാർട്ടുമെണ്ടിന്റെ അദ്ധ്യക്ഷനായി ഒരു സായ്പിനെക്കൊണ്ടുവരുന്നതിൽ ആക്ഷേപം ആക്ഷേപമില്ല. എന്നാൽ എന്തെങ്കിലും ജാതി ഒരു സായ്പായാൽമതി എന്നു പറയുന്നതു കേവലം അന്ധവിശ്വാസമാണു." ഇവിടെ വിദ്യാഭ്യാസമേലധ്യക്ഷന്മാരായും വിദേശികൾ ഉണ്ടായിരുന്നില്ലേ? അവരിൽ ചിലക്കെല്ലാം അഭ്യസ്തവിദ്യരായ നമ്മുടെ നാട്ടുകാരോളം കൂടി നിർദ്ദോഷമായി ഇംഗ്ലീഷു സംസാരിപ്പാനും എഴുതുവാനും കഴിഞ്ഞിരുന്നില്ല. എതു ജോലിക്കും വിദഗ്ധന്മാർ വേണം. അതുകൊണ്ടു സായ്പിനെ വരുത്തുന്നുണ്ടെങ്കിൽ അയാൾ മുൻപരം സായ്പായിരിക്കണം. അതാണു് കാര്യം. മേലധ്യക്ഷൻ ആരായാലും അയാൾ ഒരു വിദഗ്ധൻതന്നെ ആയിരിക്കണമെന്നു പറഞ്ഞുകൊണ്ടു ഞാനും ഈപ്രമേയത്തെ ശക്തിയായി പിന്താങ്ങുന്നു.

മിസ്റ്റർ ജോജ്ജ് ചാക്യാമുറി.—ഞാനും ഈപ്രമേയത്തെ അനുകൂലിയ്ക്കുന്നു. മുസ്ലിം മെമ്പർ പറഞ്ഞതുപോലെ പ്രസംഗങ്ങളെപ്പറ്റി ഞാനും ഒന്നും കേട്ടിട്ടില്ല. ബോട്ടുകടവിൽ ചില മരുന്നുകച്ചവടക്കാരുടേയോ മിസ്റ്റർ സേലത്തിനേറയൊ പ്രസംഗങ്ങൾ ചിലപ്പോളൊക്കെ ഉണ്ടാകും. ഈ വകയല്ലാതെ മറവ പ്രസംഗങ്ങളൊന്നും ഉള്ളതായിട്ടോ നടന്നതായിട്ടോ എന്റെ അറിവിലില്ല. (ചിരി). പണത്തിന്റെ ബുദ്ധിമുട്ട് വാസ്തവത്തിൽ ഉണ്ടു്. അതു സംഗതി ഗവമ്മെണ്ടു പറഞ്ഞതിൽ കാര്യമില്ലായ്കയില്ല. ശരി, അതു ഞാനും സമ്മതിയ്ക്കുന്നു. എന്നാൽ ഗവമ്മെണ്ടിൽനിന്നു വടക്കാഞ്ചേരി മെമ്പർ പറഞ്ഞതുപോലെ തല്ക്കാലം ചെറുതായിട്ടൊന്നു തുടങ്ങി കാലക്രമേണ പൂർത്തിയാക്കുകയാണെങ്കിൽ ഈ തടസ്ഥം സാരമില്ലാതെപോകും. എന്റെ അഭിപ്രായത്തിൽ ഗവമ്മെണ്ടിൽനിന്നു ഒന്നൊ രണ്ടൊ ആളുകളെ ഇതിനായി Training നു് അയയ്ക്കണം. Chief Medical Officer ഉടെ കീഴിൽ രണ്ടൊ മതി; ഇപ്പോൾ Eye training മുതലായവയ്ക്കു് ആളുകളെ മദ്രാസിൽ Training നു് അയയ്ക്കുന്നില്ലേ? അതുപോലെ, ഈ ഡിപ്പാർട്ടുമെണ്ടു് ഒന്നു വേർതിരിച്ചു പ

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രീക്ഷിച്ചു ക്രമേണ വർദ്ധിപ്പിച്ചു കൊണ്ടുവരണമെന്നാണെനിയ്ക്കു പറവാനുള്ളതു്. അങ്ങിനെയായാൽ അതൊരു ഭാരമാകയില്ല. ഉദ്ദിഷ്ടഫലം സിദ്ധിയ്ക്കുകയും ചെയ്യും. പണത്തിന്റെ തടസ്ഥം പറഞ്ഞു് ഇതു സ്വീകരിയ്ക്കാതിരിയ്ക്കുന്നതു് തീരെ ശരിയല്ല. അതുകൊണ്ടു് മേൽപറഞ്ഞപോലെ ഒന്നു പരീക്ഷിച്ചു ഇതു നടപ്പിൽ വരുത്തണമെന്നപേക്ഷിച്ചുകൊണ്ടു ഞാൻ അവസാനിപ്പിച്ചു കൊള്ളുന്നു.

Deputy President.—Government may reply.

Dr. D. Raghavendra Rao.—Sir, I have already said that the Government agrees to the principle of the Resolution. But it is only the question of the difficulty of finding funds that compels the Government, to put this off without carrying this into effect now. The Member for Vadakkancheri, in explaining the figures under Sanitation and Conservancy in the Budget of the current year, said that 74,900 has been budgetted for under Sanitation for the year. Now, the figures that I have given namely a lakh and twenty thousand is not including this 74,900, as will be seen that 43,500 is for Sanitary work connected with the several towns, Kunnamkulam, Trippunittura, Mattancheri, Ernakulam, Trichur and Chittur-Tattamangalam. The only item which can be said to have been included in this lakh and twenty thousand, is a sum of 7,500 which goes under establishment—to the pay of the Inspectors, Clerks and Maistries. There is a saving of 7,500 under that and a saving of 8,800 under Vaccination. So in this scheme of mine, which I said will cost a lakh and twenty thousand, there is already an amount of 16,000 rupees in the budget of the year. So to carry on the scheme in such a way as will be of any use to the public—(There is no use of starting a Department—It has to do real executive work which would reach the general tax-payer of the village) we require this money. This is all I wish to say now. I have never opposed the establishment of a separate department. But, I have strongly supported the idea and I have simply said that the resolution is a very laudable one as it stands. All I have to say is whether it is practicable at present. Government is not against the Resolution.

Dr. K. Sankara Menon.—When I said qualified and competent hand, I meant no insinuation. By qualified I mean one who possesses University qualification, as the Hon'ble Member for Cheruvirutti mentioned; the Madras University allows graduates in medicine to undergo a course of training in Public Health and Sanitation for a period of one year and the successful candidates in public examination are given a degree. And by competent men, I meant one who is able to read, write and speak Malayalam as the candidate has to lecture on health

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subjects throughout the State. Such persons as are not able to speak or write Malayalam are to be excluded as they are incompetent to do any propaganda work. With regard to the expenditure, even if there are no sufficient funds, a portion of the funds set apart for curative medicine—may also be appropriated and utilised for the prevention of diseases. It is always to be remembered that the masses are uneducated. Even the educated people have no clear knowledge of personal hygiene and sanitation and how diseases are communicated from person to person, or the nature of their communication. All these are so very important that efforts should be made to enlighten the masses. There are very many appliances such as Cinema, lantern slides, leaflets, posters which are all conducive to the knowledge of the masses. In consideration of the importance of the subject, I hope that the whole House will unanimously vote for my resolution which is intended for the enlightenment and edification of the benighted masses of Cochin.

Deputy President.—Have you anything to add after hearing these remarks?

Dr. D. Raghavendra Rao.—Nothing to add.

The resolution was put to votes and carried, Government remaining neutral.

Dr. A. R. Menon.—A poll, Sir.

The House divided—Ayes, 21 and Noes, nil.

Ayes.

1	Mr. K. Ayyappan	12	Mr. Paul Mampilli
2	,, M. A. Chakko	13	,, Popatlal Goverdhan Lalan
3	,, George Chakyamuri	14	,, T. A. Ramachandra Ayyar
4	,, E. Ikkanda Wariar	15	,, M. K. Raman
5	,, C. N. Ittiravi Nambudiri	16	Dr. A. R. Menon
6	,, P. S. Kesavan Nambudiri	17	Mr. A. Sankara Menon
7	,, M. Krishna Menon	18	Dr. K. Sankara Menon
8	,, P. Krishna Menon	19	Mr. A. Sankara Poduval
9	,, T. K. Nayar	20	Mrs. Swaris
10	,, P. Kumaran Ezhuthassan	21	Mr. K. P. Vallon.
11	,, K. Mohamed Seethi		

Noes.

Nil.

Resolutions withdrawn (7—13).

The following resolutions were not moved and so they were considered withdrawn.

7. Mr. George Chakyamuri.—In view of the recent unsympathetic and unreasonable attitude taken by the Syndicate of the Madras University towards the Maharaja's College, Ernakulam this Council recom-

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